April 28, 2025

Steven Posnack, MS, MHS
Acting Assistant Secretary for Technology Policy/National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: United States Core Data for Interoperability Draft Version 6

Submitted electronically at: https://www.healthit.gov/isp/united-states-core-data-interoperability-uscdi#draft-uscdi-v6

Dear Assistant Secretary Posnack:

As nursing stakeholders, the Alliance for Nursing Informatics (ANI) is pleased to offer comments on the *United States Core Data for Interoperability Draft Version 6* **(hereinafter the "USCDI v6").**

The Alliance for Nursing Informatics (ANI), cosponsored by the American Medical Informatics Association (AMIA) and the Healthcare Information and Management Systems Society (HIMSS), advances nursing informatics leadership, practice, education, policy, and research through a unified voice of nursing informatics organizations. We transform health and healthcare through nursing informatics and innovation. ANI is a collaboration of organizations representing more than 25,000 nurse informaticists and bringing together 29 distinct nursing informatics groups globally. ANI crosses academia, practice, industry, and nursing specialty boundaries and collaborates with the more than 4 million nurses in practice today.

ANI has previously commented on ONC efforts related to interoperability standards and implementation specifications, including the USCDI v1, v2, v3, v4, v5, and the Trusted Exchange Framework and Common Agreement (TEFCA).[1]

We support the Assistant Secretary for Technology Policy's continued standardization efforts from ASTP as well as the majority of the proposed changes found in USCDI v6. In particular, we commend the inclusion of several important new data elements, such as the Care Plan, Portable Medical Order, and Family Health History. These represent meaningful strides toward more person-centered, coordinated, and context-aware healthcare documentation and interoperability. We particularly support the recognition of the need for longitudinal care planning and the movement toward representing family health history in structured, interoperable ways. The inclusion of Portable Medical Orders also reflects an important public health and clinical use case for patients with serious illness and end-of-life needs.

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[1]Alliance for Nursing Informatics Statements and Positions. (2023). https://www.allianceni.org/statements- positions

However, we are disappointed by the removal of data elements related to gender identity, pronouns, and sexual orientation. These elements are vital for delivering respectful, appropriate, and individualized care. If the elements are excluded, documentation will fail to reflect the real-world needs of diverse patient populations.

Additionally, while the inclusion of a Care Plan is a step forward, we are concerned about its current framing and usability—particularly missing information on how it is structured and encoded, the lack of connection to patient preferences and goals, and unclear specification for technical rendering and exchange structure.

In addition, while we agree to the benefit of mapping ANA recognized nursing classifications, we disagree that standardized nursing terminologies should be converted to SNOMED CT. It is important to note that standardized nursing classifications have over 4 decades of rigorous development and validation work. We note that although efforts are underway to ensure adequate coverage of nursing care concepts in SNOMED CT, we are unable to identify studies or real-world use cases where SNOMED-CT is used in nursing practice.[2] Instead, we encourage collaboration between ASTP standardized classification editors and leaders to develop robust plans for the inclusion of ANA-recognized standardized classifications in USCDI.

Below are specific comments for each of the new proposed data elements in Version 6.

Data Element	Comments / Suggested Changes
Facility Address	● Consider how this applies to mobile or EMS services, which may not be tied to a fixed address. Excluding EMS from facility-based exchange risks missing data about care delivery at the first point of patient contact. ● Guidance should clarify how to represent facilities spanning multiple physical locations and therefore have multiple addresses or alternatively have no addresses (i.e., mobile/EMS services).
Portable Medical Order	● We strongly support this addition. However, we recommend greater specificity in both the use cases and the data model implications. For example, consider a scenario where a patient has a DNR order recorded in their primary care provider's or nursing home's EHR, but it is unknown to EMS responders or clinicians at a hospital during a 911 call. To support real-world interoperability, we suggest clarifying how this data element should be modeled (binary or requiring metadata such as type of order, issuing clinician, date, jurisdiction), specific expectations for accessibility (queryable in real-time by EMS even if outside the health system), and guidance for ensuring exchangeability across settings.

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[2] Kim, J., Macieira, T. G., Meyer, S. L., Ansell, M., Bjarnadottir, R. I., Smith, M. B., ... & Keenan, G. M. (2020). Towards implementing SNOMED CT in nursing practice: a scoping review. *International journal of medical informatics*, *134*, 104035.

Care Plan	- Consider reframing to a "patient care plan" that is longitudinal, interdisciplinary, and dynamic. - Include patient preferences, values, and goals explicitly, and how this connects to the "patient goals" data element. - Clarify how the care plan is rendered, where it fits in messaging, and how it aligns with FHIR. Certified EHRs and hospitals have a variety of ways to meet the care plan requirements (i.e., discrete, both discrete and text, text only), which should be considered with the ability to transmit this data meaningfully. This is a potential technical challenge, and a challenge in sending meaningful data.
Date of Onset	- We support this inclusion as it is a key clinical data point for chronic disease management and outcomes analysis. - Implementation guidance should clarify how estimated dates are handled and ensure consistent documentation practices across systems.
Family Health History	- We support this inclusion but recommend constraining to SNOMED concept sets with explicit "family history" context (e.g., SNOMED 57177007). - Additionally, we encourage consideration of how the integration of genomics data will interact with this data element. At a minimum, provide a roadmap for future integration of genomic-related family history insights.

In conclusion, we fully support a robust data infrastructure that includes the standardization of data elements, including nursing care data elements, to advance interoperability. Thank you for the opportunity to comment.

Sincerely,

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ANI Co-chair

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The Alliance for Nursing Informatics (ANI), cosponsored by AMIA & HIMSS, advances nursing informatics leadership, practice, education, policy, and research through a unified voice of nursing informatics organizations. We transform health and healthcare through nursing informatics and innovation. ANI is a collaboration of organizations representing more than 25,000 nurse informaticists and bringing together 29 distinct nursing informatics groups globally. ANI crosses academia, practice, industry, and nursing specialty boundaries and collaborates with more than 4 million nurses in practice today. Contact ANI.